

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Show-Mean Wu et al.

Serial No.: Unknown Examiner: Unknown

Filed: August 8, 2003 Group Art Unit: Unknown

For: CATHETER SHAFT FOR REGULATION OF INFLATION AND DEFLATION

Docket: 1001.1684101

TRANSMITTAL SHEET

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 333853407 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 8th day of August 2003.

By Kathleen L. Bockley

Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

| EIGHTEEN (18) sheet(s) of Specification |
|--|
| TWENTY-SEVEN (27) Claim(s) |
| ONE (1) sheet of Abstract |
| FIVE (5) sheet(s) of Formal Drawings |
| Executed Declaration and Power of Attorney |
| Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed |
| An Assignment of the invention to <u>SciMed Life Systems</u> , <u>Inc.</u> , is being filed contemporaneous with this patent application |
| A certified copy of a application, Serial No, filed the right of priority of which is claimed under 35 U.S.C. § 119. |
| |

| CLAIMS AS FILED | | | | | | | |
|--|-----------|---------|--------------|-------|---------|-------|--|
| | (1) | (2) | Small Entity | | Other | | |
| For: | # Filed | # Extra | Rate | Fee | Rate | Fee | |
| Basic Fee | 1 | 0 | | \$375 | | \$750 | |
| Total Claims | 27 - 20 = | 7 | X 9 = | \$ | X 18 = | \$126 | |
| Independent Claims | 4 - 3 = | 1 | X 42 = | \$ | X 84 = | \$84 | |
| () Multiple Dependent Claim Presented | | | + 140 = | \$ | + 280 = | \$0 | |
| TOTAL | | | \$ | | \$960 | | |

^{*}If the difference in Column (1) is less than zero, enter "0" in column 2.

| l j | Otner | | |
|--------|---|----------------------|---------------------|
| [XX] | A check in the amount of \$960.00 is enclosed | sed. | |
| [XXXX] | Please charge any deficiencies or credit any Deposit Account No. 50-0413. | y overpayment in the | ne enclosed fees to |

David M. Crompton, Reg. No. 36,772

Customer No. 28075

David M. Crompton CROMPTON, SEAGER & TUFTE, LLC 1221 Nicollet Avenue, Suite 800 Minneapolis, MN 55403-2420

Telephone: (612) 677-9050 Facsimile: (612) 359-9349